

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF 2005**
(Fill in year.)

44
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 02/09/05

Reg. 2005
J# 47695
#110.COW8

3050036

Instructions

- ! Print in ink or type.
- ! Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70803. (225) 763-8777 or (800) 842-6630.
- ! Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME KARLINSKY FRED E.
Last First MI

2. BUSINESS PHONE (954) 492-4010
Area Code and Phone Number

3. FAX NUMBER (954) 492-1144

4. BUSINESS ADDRESS 2000 WEST COMMERCIAL BLVD., STE. 232, FT. LAUDERDALE, FL. 33309
Street and No. City State Zip

MAILING ADDRESS Same as above.
Street and No. City State Zip

5. EMPLOYER COLODNY, FASS, TALENFELD, KARLINSKY & ABATE, P.A.

6. EMPLOYER'S ADDRESS 2000 WEST COMMERCIAL BLVD., STE. 232, FT. LAUDERDALE, FL. 33309
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name UNIVERSAL CASUALTY COMPANY

Address 150 NORTHWEST POINT BLVD., ELK GROVE VILLAGE, IL. 60007

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

2005 FEB 14 PM 12:32
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

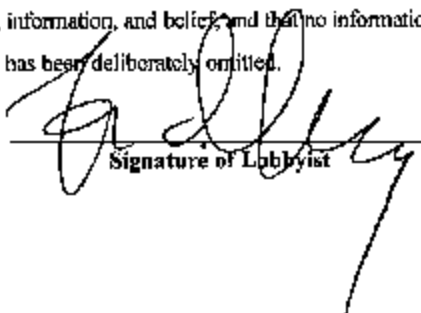
**EXECUTIVE LOBBYING
REGISTRATION FORM**

Executive Lobbyist Registration No.

2. Name MARSH & McLENNAN COMPANIES
Address 1166 SIXTH AVENUE, NEW YORK, NEW YORK 10036
Business or purpose INSURANCE
Does this person pay you? YES
If No, who pays you? _____
3. Name MARSH USA, INC.
Address 1166 SIXTH AVENUE, NEW YORK, NEW YORK 10036
Business or purpose INSURANCE
Does this person pay you? YES
If No, who pays you? _____
4. Name GUY CARPENTER & COMPANY, INC.
Address ONE MADISON AVENUE, NEW YORK, NEW YORK 10010-3658
Business or purpose INSURANCE
Does this person pay you? YES
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist



**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**

Executive Lobbying Registration No.

Instructions:

- 1 Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- 1 Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- 1 Please identify each page with a page number and indicate the total number of pages being submitted.

Name AMERICAN VEHICLE INSURANCE COMPANY

Address 3661 WEST OAKLAND PARK BLVD., FT. LAUDERDALE, FL. 33311

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name AMERICAN SERVICE INSURANCE COMPANY

Address 150 NORTHWEST POINT BLVD., ELK GROVE VILLAGE, IL. 60007

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name LINCOLN GENERAL INSURANCE COMPANY

Address 150 NORTHWEST POINT BLVD., ELK GROVE VILLAGE, IL. 60007

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name CORNERSTONE NATIONAL INSURANCE COMPANY

Address 3100 FALLING LEAF COURT, COLUMBIA, MO. 65201

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**



Instructions:

- ! Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- ! Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- ! Please identify each page with a page number and indicate the total number of pages being submitted.

Name DIXON HUGHES, PLLC

Address 19 E. GUILFORD STREET, THOMASVILLE, NC 27361-0992

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name FEDERATED NATIONAL INSURANCE COMPANY

Address 3661 WEST OAKLAND PARK BLVD., FT. LAUDERDALE, FL. 33311

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name RECOVERY NATIONAL CORPORATION

Address 120 WHITE PLAINS ROAD, TARRYTOWN, NY 10591

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name REINSURANCE SOLUTIONS INTERNATIONAL, LLC

Address ONE MADISON AVENUE, NEW YORK, NEW YORK 10010-3658

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**

Executive Lobbying Registration No. _____

Instructions:

- 1 Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- 1 Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- 1 Please identify each page with a page number and indicate the total number of pages being submitted.

Name SBLI USA MUTUAL LIFE INSURANCE CO., INC.

Address 460 WEST 34th STREET, NEW YORK, NEW YORK 10001

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name SEISINT, INC.

Address 6531 PARK OF COMMERCE BLVD., BOCA RATON, FL. 33487

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name UNITED AUTOMOBILE INSURANCE GROUP

Address 3909 N.E. 163rd STREET, NORTH MIAMI BEACH, FL. 33160

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA

Address 101 ARTHUR ANDERSON PARKWAY, SARASOTA, FL. 34232

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**



Instructions:

- ! Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- ! Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- ! Please identify each page with a page number and indicate the total number of pages being submitted.

Name ADVANCED INSURANCE COVERAGES, INC.

Address 455 FAIRWAY DRIVE, STE. 102, DEERFIELD BEACH, FL. 33441

Business or purpose INSURANCE

Does this person pay you? YES

If No, who pays you? _____

Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____